_____ Passed inspection
_____ Failed inspection
_____ Other (see remarks)

REGION 6 VIPR PRE-AWARD
FIRE EQUIPMENT INSPECTION CHECKLIST
VEHICLE WITH DRIVER

COMPANY NAME: _____ **DATE:** _____
<div align="center">(On VIPR Agreement)</div>

EQUIPMENT MAKE: _____ **MODEL:** _____

VIN#:_____ **EQUIPMENT/Unit I.D.** _____

EQUIPMENT REQUIREMENTS – VEHICLE W/DRIVER

☐ Pickup, Type 1 – GVWR ≥ 8,501 lbs., min. 6 ½ ft. bed length   ☐ 2WD   ☐ 4WD

☐ Pickup, Type 2 – GVWR 6,001 to 8,500 lbs., min. 6 ft. bed length   ☐ 2WD   ☐ 4WD

☐ Pickup, Type 3 – GVWR ≤ 6,001 lbs., min. 5 ft. bed length   ☐ 2WD   ☐ 4WD

☐ Stakeside, Type 1 – GVWR ≥ 14,001 lbs.   ☐ dump/tilt box   ☐ lift gate   ☐ 2WD   ☐ 4WD

☐ Stakeside, Type 2 – GVWR ≥ 10,001 to 14,000 lbs.   ☐ dump/tilt box   ☐ lift gate   ☐ 2WD   ☐ 4WD

☐ Sport Utility Vehicle: (min. 5 passenger)   ☐ 2WD ☐ 4WD ☐ > 6 passengers

☐ Passenger Van: 7 to 9 passenger.   ☐ 2WD   ☐ 4WD

NOTE: Passenger or passenger-carrying capacity minimums stated above includes the driver.
Vans larger than 9 passengers will not be awarded an agreement.

	Minimum Requirements	**Yes**	**No**
1	**VIN # on Equipment matches VIPR**		
2	**OF-296 Vehicle/Heavy Equipment Safety Inspection completed**		
3	**Vehicles with GVWR 10,001 lbs. or greater:** Annual DOT inspection or Commercial Vehicle Safety Alliance Inspection (49 CFR 396.23) (D.2.2)		
4	**The full bed of the truck available for incident use** (D.2.1.1)		
5	**Vehicles configured to the manufacturers original specifications** (D.2.1.1) *lift kits, aftermarket exhaust (i.e., glass packs) and other such modifications that would compromise the integrity of the vehicle are not allowed.*		
6	**Spare Tire, wheel wrench, jack** (D.2.1.1)		
7	**Fire Extinguisher**: 2A 10BC (D.2.1.1)		
8	**STAKESIDES:** Flatbed truck with railings that are, at a minimum, the same height of the cab and firmly attached on all 4 sides. The railing on the sides and the rear of the bed must be removable for loading/unloading cargo. (D.2.1.1)		

☐   Equipment **meets** agreement specifications   ☐   Equipment **does not** meet agreement specifications

Inspector: _____   _____ Date: _____
               Print   Signature

Contractor: _____   _____ Date: _____
               Print   Signature

☐   Contractor given the opportunity to correct noted deficiencies (***See Remarks)***

☐   Contactor successfully corrected noted deficiencies

Inspector: _____   _____ Date: _____
               Print   Signature

REMARKS:_____

_____

_____

_____

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